

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		0133/20	
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	0	
2	✓	0	
3	✓	0	
4	✓	0	
5	✓	0	
6	✓	0	
7	✓	0	
8	✓	0	
9	✓	0	
10	✓	0	
11	✓	0	
12	✓	0	
13	✓	0	
14	✓	0	
15	✓	0	
16	✓	0	
17	✓	0	
18	✓	0	
19	✓	0	
20	✓	0	
21	✓	0	
22	✓	0	
23	✓	0	
24	✓	0	
25	✓	0	
26	✓	0	
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36	✓	0	
37	✓	0	
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39	✓	0	
40	✓	0	
41	✓	0	
42	✓	0	
43	✓	0	
44	✓	0	
45	✓	0	
46	✓	0	
47	✓	0	
48	✓	0	
49	✓	0	
50	✓	0	

Claim	Final	Original	Date
51	✓	0	
52	✓	0	
53	✓	0	
54	✓	0	
55	✓	0	
56	✓	0	
57	✓	0	
58	✓	0	
59	✓	0	
60	✓	0	
61	✓	0	
62	✓	0	
63	✓	0	
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94	✓	0	
95	✓	0	
96	✓	0	
97	✓	0	
98	✓	0	
99	✓	0	
100	✓	0	

Claim	Final	Original	Date
101	✓	0	
102	✓	0	
103	✓	0	
104	✓	0	
105	✓	0	
106	✓	0	
107	✓	0	
108	✓	0	
109	✓	0	
110	✓	0	
111	✓	0	
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141	✓	0	
142	✓	0	
143	✓	0	
144	✓	0	
145	✓	0	
146	✓	0	
147	✓	0	
148	✓	0	
149	✓	0	
150	✓	0	

Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)